

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/21/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G461		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/02/2011	
NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 631 N ELM ST SEYMOUR, IN 47274			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 000	<p>INITIAL COMMENTS</p> <p>This visit was for the investigation of complaint #IN00095090.</p> <p>This visit was in conjunction with the post certification revisit (PCR) to the PCR survey completed 7/25/11 to the recertification and state licensure survey completed on 5/19/2011.</p> <p>Complaint #IN00095090 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey Dates: September 2 and 3, 2011</p> <p>Facility Number: 000975 Provider Number: 15G461 AIM Number: 100244820</p> <p>Surveyor: Jo Anna Scott, Medical Surveyor III</p> <p>Developmental Services Inc. was found to be in compliance with 42 CFR Part 483, Subpart I and 431 IAC 1.1 in regard to the investigation of complaint #IN00095090.</p> <p>Quality Review completed 9-20-11 by C. Neary, Program Coordinator.</p>			W 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.